



Town of Buena Vista
Post Office Box 2002
Buena Vista, Colorado 81211
Phone: (719) 395-8643
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2017 SENIOR DISCOUNTED WATER RATE APPLICATION

Per the Buena Vista Municipal Code, Section 13-81 (e), residential water customers who qualify and are approved for the Senior Discounted Water Rate will receive a twenty-five percent (25%) discount on their monthly water service rate. Please note that this discount does not apply to any other fees, including the Storm Water Management Fee, that may be billed out on the monthly water bill.

Qualifying customers must:

- (1) Be sixty (60) years of age or older.
- (2) Be a full-time owner-occupant of the residence for which the discount is being sought. The discount does not apply to any other property owned by a qualifying customer.
- (3) Have a total household income at or below one hundred and thirty percent (130%) of the Gross Federal Poverty Level based on household size (see chart below).
- (4) Complete an application and submit it, along with proof of income, to the Town Administrator for approval by April 1 in each year in which the discount is sought. The discount will begin with the bill for April usage. All qualifying customers must re-apply every year.

Income Guidelines for income received in 2016:

Household Size	Income		Household Size	Income	
ONE	\$15,678-Annual	\$1,307-Monthly	THREE	\$26,546-Annual	\$2,212-Monthly
TWO	\$21,112-Annual	\$1,759-Monthly	FOUR	\$31,980-Annual	\$2,665-Monthly

PLEASE COMPLETE ALL FIELDS AND PROVIDE CURRENT PROOF OF INCOME INCLUDING SOCIAL SECURITY, RETIREMENT PENSION AND ANY OTHER INCOME FOR ALL PERSONS IN THE HOUSEHOLD. Please return this application to the Town of Buena Vista at the address listed above or return it in person to Town Hall at 210 E. Main.

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ BIRTH DATE OF HEAD OF HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME: _____ NUMBER OF PERSONS IN HOUSEHOLD _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

For Town Use Only:

Date Received: _____ Account Number: _____ Effective Date: _____

Approved: _____ Denied: _____ Reason: _____

Signature of Town Administrator: _____